

ISDH Hospital Service Report

State Form 49476 (R /7-02) IC 16-21-6

I. Hospital Information

Hospital Name: MEMORIAL HOSPITAL OF SOUTH BEND

Provider #: 150058

City: South Bend
County: St Joseph

Year: 2012

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: Acute License LTC Certification

CMS Specialized Hosp: CAH TLC Rehab

DRG Exempt:

✓ Psych

✓ Rehab

─ Swing Bed

Number of Total Hospital Full Time Equivalents 2244

II. Hospital Service Utilization

Hospital Service Description	Number of Set-up Beds	Number of Discharges	Number of Patient Days	Annual Total Charges
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Medical/Surgical	23	293	5190	\$17,814,040
ICU Neonatal	36	399	9838	\$24,583,945
ICU Pediatric	9	375	1746	\$5,176,415
Medical/Surgical	104	7032	24697	\$42,387,310
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	42	2497	5570	\$3,397,730
Obstetrics	46	3128	8849	\$12,721,105
Pediatric	20	1200	2944	\$5,515,385
Psychiatric	88	2579	18804	\$16,735,720
Rehabilitation	20	291	4324	\$8,951,970
Substance Abuse	0	0	0	\$0
Swing Bed Program	NA	0	0	\$0
Extended Care	0	0	0	\$0
Observation Beds				

	0	0	0	\$0
All Other Services	99	5649	24810	NA
Total Acute	487	23443	106772	NA

III. Nursing Facility Utilization

	Number of	Number of	Number of
	Licensed Beds	Discharges	Patient Days
Nursing Facility	0	0	0

IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Infectious Disease	1204	HIV	17
Neoplasms	7138	Endocrine	1898
Diseases of Blood	1591	Mental Disorders	2833
Nervous	6893	Circulatory	7059
Respiratory	7844	Digestive Diseases	6831
Genitourinary	8090	Pregnancy	4999
Skin	2655	Musculoskeletal	19224
Congenital	861	Perinatal	294
All Injuries	14706		
Other/Known	60911	Total Encounters	155048

Total ED Visits	ED Injury Visits	ED Injury Admissions
56583	13702	2755

Comments